

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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| Issuing Officer & date | Processing Officer & date | Form Number |
|------------------------|---------------------------|-------------|
| | | |

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS AN
INTERIOR DESIGN FIRM ` (FOREIGN,CATEGORY)**

Date Received _____

[By-law 4]

- 1 **Firm's Name** in full _____
- 2 **Current Postal Address:** _____
Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____
- 3 **Physical Address** :(Location of Registered Office)
House No. _____ Block No. _____ Street Name: _____ Town/City: _____
- 4 **Certificate of Incorporation / Registration of Business/Certificate of Compliance** (Attach certified photocopies of certificates)
Name: _____ Number _____ Date _____
- 5 **Current Business License** (If any; attach Photocopy)
Number: _____ Date and Place where issued: _____
- 6 **Name and Address of your Bankers:** _____
- 7 **Field(s) of Specialization:**(if any). _____
- 8 **Ownership of Shares:**(Documentary evidence required); Attach Photocopies (certified) of Return field to the Registrar of Companies
Total No. _____. No. owned by Tanzanian citizen: _____ No. owned by foreigners _____

9 To fill in the **capacity building form**.

10 Name(s) of Registered Architect(s) / Quantity Surveyor(s) who is/are **Firm owner(s)** Name & registration No.)

This application Form contains sixteen sections and each must be duly filled before the Board processes it.

11 **Particulars of Principals / Partners / Shareholders / Directors and Permanent Staff:**

Attach current Cvs and certified Photocopies of Academic and Professional Certificates and residence/ work permits

| NAME | NATIONALITY | POSITION | QUALIFICATION Academic and Professional | WORK EXPERIENCE | |
|---------|-------------|----------|--|-------------------|-----------|
| | | | | Field of Activity | No of yrs |
| (i) | | | | | |
| (ii) | | | | | |
| (iii) | | | | | |
| (iv) | | | | | |
| (v) | | | | | |
| (vi) | | | | | |
| (vii) | | | | | |
| (viii) | | | | | |
| (ix) | | | | | |
| (x) | | | | | |
| (xi) | | | | | |
| (xii) | | | | | |
| (xiii) | | | | | |
| (xiv) | | | | | |
| (xv) | | | | | |
| (xvi) | | | | | |
| (xvii) | | | | | |
| (xviii) | | | | | |

12 **Particulars of equipment / facilities owned or available:** (e.g. computers and accessories, communications equipment, drawing office, or other instruments etc.)

| Name of Equipment | Quantity | Ownership (produce evidence) | Remarks |
|-------------------|----------|------------------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Name of the Principal | Name of firm and the Address | Association/Relationship with the applicant |
|-----------------------|------------------------------|---|
| (i)Name | | |
| Signature | | |
| (ii).Name | | |
| Signature | | |
| (iii).Name | | |
| Signature | | |

15 **The prescribed Fee** for Registration (registration, annual subscription, certificate of registration and official rubber stamp fees) **shall be paid at the time of application.**

Registration fee of TShs/US\$ _____ and in words,

_____ is enclosed in cash / vide Cheque no. _____ of _____ Bank Branch is enclosed.

16 **Declaration to be signed by Employer of the Applicant, Guarantor(s) Commissioner of Oaths:**

(i) My presence in Tanzania is under employment of -----

(ii) I am required to be in Tanzania in connection with the proposed project known as -----

(iii) I understand and accept the condition that should my application be approved, I shall be bound by the conditions that are stipulated in respect of my registration and which shall essentially be related to the following:

(a) My professional activities shall be limited to the specific project for which my application is related

(b) While I am in Tanzania, I shall not receive, process, or undertake any inquiry or project, either directly or as an agent for my firm, beyond those activities directly related to the specific project for which my application relates

(c) I shall be bound by all provisions of the current Architects and Quantity Surveyors (Registration) Act No 4 of 2010 and subsequent related regulations to the Act.

(iv) That I undertake to pay all statutory fees including annual subscription fee in respect on my practice while herein Tanzania. In case of default in respect of the payment of statutory fee my Guarantor shall be responsible to settle the full outstanding statutory fee to the Board. The name, signature and address of my Guarantor(s) is provided herein below;

Guarantor(s)

Name-----of P.O BOX -----Tel:----- fax----- Email-----

Located on Plot No-----Block----- Street-----district-----
Region-----

Declare to be guarantor of Mr/Mrs/Ms-----

In respect of item (iv) herein above mentioned.

Witnessed by Commissioner for Oaths ; Name ----- Signature and
stamp----- in respective of item (iv) herein above mentioned

(v) I hereby certify to the best of my knowledge that the information contained herein are true and correct.

Name of the Applicant:----- Signature:----- Date-----

Position in the Firm-----